

**OFFICE OF GRADUATE STUDIES  
 LORMAN, MS 39096-7500**

**(Form Must be Typed)**

**A PROPOSED PROGRAM OF STUDIES for the Master of Science in Applied Science and Technology Degree in \_\_\_\_\_ Radiological Health Science \_\_\_\_\_. THESIS PLAN (36 Semester Hours)**

**Student Name:** \_\_\_\_\_ **ASU ID:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CORE COURSES REQUIRED (12 Hours)**

Course No.	Title	Credit Hours	Date to be Taken	Date Completed	Grade
ST 510	Research Methods in AS & T	3			
ST 512	Mathematics for AS & T	3			
ST 514	Computation in AS & T	3			
ST 516	Project Management	3			

**THESIS REQUIRED COURSES (6 Hours)**

Course No.	Title	Credit Hours	Date to be Taken	Date Completed	Grade
ST 610A	Thesis Research Proposal I	3			
ST 610B	Thesis Research Proposal II	3			

**RESTRICTED ELECTIVES (18 Hours per Approval of Advisor)**

Course No.	Title	Credit Hours	Date to be Taken	Date Completed	Grade
ST 571	Intro to Radiation Health Physics	3			
ST 572	Radiation Detection and Measurement	3			
ST 573	External Dosimetry	3			
ST 574	Radiation Regulations	3			
ST 575	Advanced Radiobiology	3			
ST 576	Internal Dosimetry	3			
ST 577	Radiochemistry	3			

Writing Requirement for Conditional Admission		Hrs	Date to be Taken	Date Completed	Grade
ST 597	Introduction to Academic Writing	3			

**TRANSFER COURSES (6 Hours)**

Course No.	Title	Hrs	Date to be Taken	Date Completed	Grade

**APPROVED:**

Student: \_\_\_\_\_

Graduate Advisor: \_\_\_\_\_

Department Chairperson/Dean: \_\_\_\_\_